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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING

MARIANNE UDOW
DIRECTOR

TEMPORARY WAIVER FOR IMMUNIZATION REQUIREMENTS FOR CHILD CARE ATTENDANCE IN MICHIGAN FOR HURRICANE DISASTER VICTIMS

I certify that my child, _____
(child's name) has met the
child care entry requirements in the state of _____
(name of state)
and that I currently do not have access to medical and/or immunization
records. I understand that my child will be allowed to attend childcare in
Michigan based upon this certification while the required records are
obtained.

Signature of Parent/Guardian/Responsible Adult

Date

Notice to Childcare Facility

Based upon the above certification this child will be allowed to attend a Michigan
childcare facility **for up to 180 days** without presenting documentation of a physical
examination and/or vaccination. This waiver is granted under the authority of the
Michigan Department of Human Services and the McKinney-Vento Homeless
Assistance Act.